

IOWA COMMISSION OF VETERANS AFFAIRS

Wednesday, April 6, 2011 - 10:00 a.m.

Ford Memorial Conference Room

Iowa Veterans Home

Marshalltown, Iowa

PRESENT: Darlene McMartin, Chairperson, Iowa Commission of Veterans Affairs
Don Delamore, Member, Iowa Commission of Veterans Affairs
Becky Dirks Haugsted, Member, Commission of Veterans Affairs – entered meeting at 10:02 a.m.
Todd Jacobus, Member, Iowa Commission of Veterans Affairs
Francis McAllister, Member, Iowa Commission of Veterans Affairs
Steve Mulcahy, Member, Iowa Commission of Veterans Affairs
Bill Wallace, Member, Iowa Commission of Veterans Affairs
Rosetta Waychus, Member, Iowa Commission of Veterans Affairs
Mickey Williams, Member, Iowa Commission of Veterans Affairs

ABSENT: None.

STAFF: Jodi Tymeson, Executive Director, Iowa Department of Veterans Affairs
Stan Freeborn, Adjutant, Iowa Veterans Home
Nancy Morford, Admin. Assist., Commandant's Office, Iowa Veterans Home
Doug Freeman, Director of Admissions
Missy Miller, Iowa Department of Veterans Affairs

GUESTS: Larry Spencer, future Commission Member
Bart Quick, VA Central Iowa Health Care System
Valerie Buckingham, Iowa City VA Health Care System
Greg Reed, Acting Director, VA Regional Office
Elizabeth Ledvina, Tama County Veterans Affairs
Beth Davis Fleming
Rhonda Jordal, Family Alliance for Veterans of America
John Derner, Adjutant, The American Legion
Dan Gannon, Vietnam Veterans of America
Jerry Sebben, The American Legion
Kate Myers, future Commission Member
Dave Bolton, Disabled American Veterans
Dave Thornburg, Disabled American Veterans
Samantha Schaff, Decatur County Veterans Affairs
Mike Kuhn, Marion County Veterans Affairs
Jerry Hansen, Montgomery County Veterans Affairs
Al Brewech
Jennifer Furler, State Public Policy Group

cc: Jeff Boeying, Chief of Staff, Governor's Office
Ted Stopulos, Policy Advisor, Governor's Office
Barbara Galloway, Assistant Attorney, Attorney General's Office
Sandra Hurtado-Peters, Department of Management
Sue Lerdal, Legislative Fiscal Bureau
Jenny Lawrence, Auditor's Office
Jessica Holmes, DAS
Steve Ainger, DAS
David Worley, Commandant, IVH
Nancy Morford, Administrative Assistant, IVH
John Derner, Adjutant, The American Legion
Senator Daryl Beall, Chair, Senate VA Committee
David Davis, Director, VA Regional Office
Elizabeth Ledvina, President, IACCVA
Jerry Meek, Commander, Military Order of the Purple Heart
Tom Ashworth, Senate Republican Caucus Staff
Julie Simon, Senate Democratic Caucus Staff
Jill Jennings, House Republican Caucus Staff
Reggie Richardson, President, The Retired Officers Association
Larry Jatho, Adjutant, Disabled American Veterans
Barry Sharp, Director, VACIHCS, Iowa City
Don Cooper, Director, VACIHCS, Des Moines
Ron Healy, Iowa UAW Veterans Committee
Jon Schneider, President, Paralyzed Veterans of America

Senator James Seymour, RM, Senate VA Committee
Representative Ray Zirkelbach, Chair, House VA Committee
Representative Jerry Kearns, RM, House VA Committee

Zeke Furlong, House Democratic Research Staff

NOTE: THESE MINUTES ARE "UNAPPROVED" UNTIL ACCEPTED BY THE COMMISSION AT THE NEXT MEETING

APPROVED: Darlene McMartin **DATE:** 7-13-2011
Darlene McMartin, Chairperson, Iowa Commission of Veterans Affairs

- Call to Order: The meeting was called to order at 10:00 a.m. by Darlene McMartin, Chairperson, Iowa Commission of Veterans Affairs. Chairperson McMartin announced that at 10:15 a.m. today the tornado drill will be held.
- Pledge of Allegiance/
Moment of Silence: All present recited the Pledge of Allegiance. Chairperson McMartin requested a moment of silence for our departed veterans, POW's, those missing in action (MIAs) and those on active duty at this time.
- Roll Call: Roll call of Commission members was completed by the Meeting Secretary. A quorum was present.
- Welcome/Intro. of
Guests: Chairperson McMartin welcomed everyone in attendance. A round table of introductions was held.
- Approval of Minutes: Corrections/additions/deletions to the minutes of the 1/5/11 meeting were called for. Commissioner Jacobus stated the position titles of General Orr and General Schwab should be Brigadier General Schwab who is the Assistant Adjutant General and Major General Orr who is the Adjutant General. Commissioner Mulcahy moved to approve the 1/5/11 minutes with the noted changes. Second by Commissioner Williams. There was no further discussion. Roll call vote taken: Commissioner Delamore: yes; Commissioner Dirks Haugsted: yes; Commissioner Jacobus: yes; Commissioner McAllister: yes; Commissioner Mulcahy: yes; Commissioner Wallace: yes; Commissioner Waychus: yes; Commissioner Williams: yes; Chairperson McMartin: yes. Motion carried. Minutes of 1/5/11 meeting approved.
- Corrections/additions/deletions to the minutes of the 2/9/11 and 3/2/11 conference call and Trust Fund meetings were called for. Commissioner Mulcahy moved to approve the 2/9/11 and 3/2/11 minutes as distributed. Second by Commissioner Williams. There was no further discussion. Roll call vote taken: Commissioner Delamore: yes; Commissioner Dirks Haugsted: yes; Commissioner Jacobus: yes; Commissioner McAllister: yes; Commissioner Mulcahy: yes; Commissioner Wallace: yes; Commissioner Waychus: yes; Commissioner Williams: yes; Chairperson McMartin: yes. Motion carried. Minutes of 2/9/11 and 3/2/11 meetings approved.
- Corrections/additions/deletions to the minutes of the 2/14/11 meeting were called for. Commissioner Delamore moved to approve the 2/14/11 meeting as distributed. Second by Commissioner Dirks Haugsted. There was no further discussion. Roll call vote taken: Commissioner Delamore: yes; Commissioner Dirks Haugsted: yes; Commissioner Jacobus: yes; Commissioner McAllister: yes; Commissioner Mulcahy: yes; Commissioner Wallace: yes; Commissioner Waychus: yes; Commissioner Williams: yes; Chairperson McMartin: yes. Motion carried. Minutes of 2/14/11 meeting approved.

VA Regional Office: Greg Reed gave an update from the VA Regional Office.

In November we were mandated by the Secretary to have all of our nehmer cases. These are cases associated with Agent Orange exposure, the three presumptives which are Parkinsons Disease, Hairy Cell Leukemia and ischemic heart disease. I am happy to report that we have only 19 of these cases remaining. These are extremely complicated cases to review and to adjudicate because two employees complete them. They do a top-to-bottom review and some of these claim folders are several volumes. They have to go through page by page to make sure we don't miss anything. Since we started the nehmer cases nationwide, the Department of Veterans Affairs has generated over \$900,000,000 in retroactive benefits. Iowa always gets a part of that and it is usually around 0.5% or 0.4%. So as you can see there is a lot of money being generated into the State of Iowa.

The average retroactive payment nationwide is \$13,647 for some of the nehmer cases. For other nehmer cases the retroactive payment is \$46,000. It is a tremendous amount of money. We are going to try to see if we can drill down to see how much money is being used in every county in the State of Iowa. Right now, before the nehmer cases, Iowa was getting around \$22 million a month in disability compensation.

I'm happy to report that we have put on 15 additional rating specialists. There is a backlog we have got to get under control. Unfortunately, when we do that, we take them from another area, so we are constantly training people so that they are up to par. We are very proud of our quality that comes out every so often.

Mr. Reed shared a good news story about a veteran in Iowa. "One Iowa veteran recently received \$160,930 in retroactive compensation benefits. The payment was based on a new presumptive condition of Agent Orange exposure. The veteran served honorably in the United States Navy from December 1965 to August 1969. Based on military personnel documentation, the veteran served in country in Vietnam and received the Purple Heart and the Combat Action Ribbon. In November 2004, the veteran claimed service connected compensation for hearing loss and tinnitus. Medical records submitted with the 2004 claim showed a history of cardiac complications dating back to 1980. In April 2010 the veteran claimed ischemic heart disease due to Agent Orange exposure. Because medical records in the veteran's file showed him 100 percent _____ level from 2004, the veteran was able to have _____ to him compensation after that time. On February 26, 2011, the VA notified the veteran he would receive a retroactive compensation payment for \$150,000. This is just another way the new presumptive conditions are making a major impact of the veterans that we serve."

Mr. Reed also wanted to give kudos to both the Des Moines and the Iowa City VA Medical Centers for their timeliness in helping us with our C&P exams.

Commissioner Mulcahy asked Mr. Reed since they promoted from within to fill the claims representatives, are you backfilling? Mr. Reed stated no. Like he said, they are constantly doing some additional training. We were hoping to promote some of our claims assistants into the veterans service representatives positions. It is hoped once the budget is fixed they will be able to hire again.

Chairperson McMartin asked that of the nehmer cases that were brokered to other stations, how many are still pending from Iowa? Mr. Reed did not know but would find out when he got back to his office. Chairperson McMartin stated that since the nehmer case came to light, we were told not to file claims for conditions that are not presumptive or conditions that may not be service connected at this point in time. With these nemur cases, if the veteran had ever had a heart condition or had filed a prior claim and those medical records were part of his file, that's how come you went back.

Mr. Reed responded that now we could go back to 1980 on the one, but we did go back to 2004. Chairperson McMartin explained her concern is, we would never have filed a heart condition for some of these veterans because they weren't presumptive, they weren't associated with their military service, it happened 40 years later. But in those cases, those records were there because they had prior situations. Do you recommend filing for anything? Mr. Reed responded yes, he would encourage you, when in doubt, file. Discussion continued regarding different situations.

Chairperson McMartin commended the Regional Office for doing back research because it really has helped out in the counties so veterans can give some credibility to what happened to them.

Mr. Reed reiterated kudos to Dave Murray from Iowa City and Jim Buzzard from the Des Moines VA.

Break: The tornado warning drill was held from 10:16 to 10:31 a.m.

Iowa City VACIHCS: Valerie Buckingham gave the Iowa City report. On March 30 and 31, the United Network for Organ Sharing Transplant Survey team visited our medical center and they reviewed the files and procedures for the kidney transplant centers and we were in full compliance.

Earlier in March we celebrated the ten year anniversary of the Kidney Transplant Center in Iowa City. Iowa City is one of the four national VA kidney transplant centers, Oregon, Pittsburgh, Nashville and Iowa City. Iowa City is the only one of the four that does kidney/pancreas transplants. We are very proud of that fact and we celebrated all of the month of March.

Last week we received the silver patient safety award from our network, VISN 23, for improved numbers of root cause analysis. These analysis are not necessarily done on a situation that went wrong, they are done on procedures just to improve safety precautions.

On April 4 we implemented our professional dress code policy within the health care system. We are serving veterans and we want government workers to have a more business-like appearance. The policy states things like open-toed shoes are not appropriate for people who are in clinical areas, flip flops are never appropriate, blue jeans are never appropriate unless you work in the warehouse.

Comp and Pen is under 30 days, as Mr. Reed mentioned. We are very excited about that. Our Comp and Pen clinic is located on the first floor, but it has temporarily moved to 9th floor east wing due to construction in the normal clinical space. We are building a clinic-specific initiative which is a three story, 10,160 sq. ft. addition. It is being built on the west side of the medical center, outside by the Chapel. Comp and Pen will be included in that area. Construction started in February 2011 and it is estimated to be completed in January 2012.

A few weeks ago we opened the 7th floor east wing. It was renovated and remodeled into private rooms, private baths and patient lifts. Last year at this time we did the 7th floor west wing. 7 East was our American Recovery and Reinvestment Act project. It was a \$1.9 million project. So the 7th floor is all private rooms, private baths, new technology. It was completely gutted, the HVAC system, everything is new. They tore it down to the studs in the walls. 7th floor is completed. Next year we will start renovating the 5th floor.

In February we cut the ribbon on our research complex. We completed the third building, Building 42, in December. Staff moved in and that completes the research complex, which is three buildings which have been constructed over a six or seven year period and they are all attached. So we have a 60,000 sq. ft. research facility. All research has been moved out of the main hospital.

Renovation on the canteen began in March. This project will go for approximately another three months. The canteen has been temporarily relocated right down the hall on 3 West wing. It is smaller, not full service, but you still have some hot food, sandwiches, salads. The director pointed out to her that since they relocated and do not have full service, the canteen has not lost revenue and they are selling more salads than ever.

The Waterloo Community Based Outpatient Clinic is being relocated. The shell of the building is up. We are relocating that building because we have outgrown the existing clinic that is located in the Green Valley Medical Clinic. The new clinic will be 9,500 sq. ft. and the design is complete and we are finalizing the tenant improvement costs. The perspective opening date is this fall.

For the two new CBOCs we are opening, one is in Decorah, Iowa, and one in Sterling, Illinois. The design is complete on both and we are finalizing tenant improvement costs on those two as well. We hope to open both of those in November/December time frame. The Decorah clinic will be 8,500 sq. ft. The Sterling clinic will be a 10,000 sq. ft.

VA CIHCS
Des Moines:

Bart Quick, VA Central Iowa in Des Moines, filling in for Mr. Cooper. Currently, with FY11 data, starting October through February 2011, we are looking at 20,500 veterans being served. Inpatient admissions were at 991. The nursing home care unit admissions were 149. Total number of patients treated in the nursing home care were 271. The outpatient visit workload was just a little over 97,000.

Regarding capital assets and strategic planning, the dental construction which was being completed on the east side of Building 1 is completed. However, they have not been able to occupy that because we have started adding steel to make a third floor so they are not able to move in until the heavy steel is lifted. That is expected to be finished within a month or so. The 3B project then, which will be a med surg unit, we were hoping it will be completed by the end of the summer. All of the rooms that are in that area now will be converted to single rooms with their own baths. Each room will have a window so it will be much more comfortable for the patients there. There will be a total of 26 inpatient beds in that area. Plans in the meantime, then, are to move the existing patients to 5 West. We are moving the folks out of 5 West to 7M, which is our temporary buildings. Then those patients will be taken to 5 West and then all move back once the construction is finished.

New imaging is expected to begin in 2011. The MRI has already been completed. We have the first MRI experience in the state. That has gone over very well. We've gotten great reviews from those folks who have been through that. Then this will be an update on the rest of the radiology department.

Work continues on the main kitchen. The kitchen has been fully functional. I commend the staff that have worked in there, they have worked under some very tight quarters. There has not been any loss in productivity.

We have been approved for a new SPD building. That will go in the back where we currently have a loading dock if you are familiar with that. Some of the plans that I originally saw included a four-story building that included a surgical suite. I don't know how much of that is still dream and how much of it is reality. But the first couple of floors are for real.

We had a complete remodeling of the Voluntary Services area. We had new paint, carpet and furniture. It is a much more efficient use of the space.

Knoxville campus, right now, enhanced use lease agreements RFPs were due March 8. Those have all been collected. We will continue forward on whatever it is that is going to happen with that campus and with those buildings and grounds. As far as the Knoxville CBOC, we are looking for real property within the Knoxville community. Solicitation on those bids have gone out and are back. We are hoping to do this sometime in 2011.

Big news for us is the Carroll CBOC officially opened February 22. The ribbon cutting was on February 18. We had a little over 1,600 people attend. They are still looking to recruit additional staff. I've done quite a bit of outreach in the Carroll community. The community, I think, is extremely happy. It is a unique experience for us too, in that it is the first CBOC that we have that is affiliated with another hospital. It is directly attached to St. Anthony's hospital in Knoxville and we have some arrangements so if they need stat labs, stat x-ray, emergency, we are able to wheel those patients right down the hall and cut down on transportation issues. I think there are some pros and cons. We will have to work out some of the bugs.

Clinical staffing. We have added five positions since the last time. Three of those positions have been primary care, one in extended rehab and one surgeon. Wait times for all of the areas, Des Moines, CBOCs, we are averaging a wait time of patients being seen in less than 14 days in a little over 89 percent.

OIF/OEF, this fiscal year there have been 190 new soldiers enrolled. In that same period of time, there have been 132 of those who have come to the hospital for treatment. We are also continuing, as I think most VA hospitals throughout the country, to expand our outreach effort. It has come to our attention that there are a percentage of eligible veterans who are

out there who are not taking advantage of services that they are entitled to, so we are reaching out to those individuals, doing a little additional education.

Commissioner Mulcahy asked how many beds are actually in the COC? Mr. Quick replied there are 140 beds; 149 is total admissions, so there were some discharges.

Commissioner Mulcahy announced the group he is working with, the Veterans National Recovery Center, received word from the VA yesterday that they have made the final two. They are going to present their plan to the Department of Veterans Affairs on May 10 in Washington D.C. Hopefully we will get picked.

Iowa Veterans Home
Update:

Stan Freeborn, Adjutant, gave the IVH update. He explained we are doing some construction. I have done several tours lately of perspective families.

We will be torn up for the next several years. Phase 1, which is all of the construction out front, is moving along. The last report is that we will occupy later this year or early next year. In the Fox Pavilion, which is the 60-bed unit, a preliminary punch list has been completed in most of the households. Now they are trying to do a final punch list. In the Ulery building, the larger one, they are trying to do preliminary punch lists on two or three of those households, which are following in line. It is expected they will be turned over to us for occupancy in December or January. As you may or may not be aware, Phase 2, which was the building of another 60-bed facility in our west parking lot went over budget by about \$3 million on a \$2.9 million estimate. That phase was put on hold until we redevelop that project. One of the items that was in that contract was the Project Labor Agreement (PLA) that Gov. Culver was an advocate for. Gov. Branstad was not. That was taken out. The Project Labor Agreement was also in Phase 3, which was another project we had back to back. Probably one of the Governor's first executive orders was to delete the PLA. For Phase 3, we had four compliant bidders. The lowest bid with all of the alternates thrown in was \$11.9 million, which is approximately \$1.5 million under our projected construction budget. The lowest bidder was Oakview Construction out of Red Oak, Iowa. We have four compliant bidders and all of them were under our projected budget, which was without the PLA. We do not know what the impact would have been. The best estimate anybody had on Phase 2 was that PLA would have only accounted for about \$1 million, and it was a \$3 million overage. PLA was taken out of Phase 3 with the first addendum.

There were five addendums of different changes. Part of that was changing the phasing of this project. Phase 3 is a total renovation of the Sheeler Building, the demolition of the Loftus building and the reconstruction of a new main entry building. We no longer have residents living on the first or second floor of Loftus, but the basement is full of staff. We

have Occupational Therapy, open gym, Speech and Hearing, Medical Records, the Beauty Shop and the Union Office. We have a few challenges on where to relocate all of those folks.

One other project we have going on simultaneously is the Dack Dayroom Project, which is the enlargement of the dayrooms on each floor. That is projected to be done in June and as of yesterday, that was still on schedule to be completed in June and to be turned over to the facility.

Commissioner Mulcahy asked when Phase 3 is supposed to start? You have to move residents out of Sheeler across the street to the new buildings in order to revamp Sheeler, correct?

Stan responded that is correct, but the phasing change was that we would start with Loftus demolition/reconstruction, and not start in Sheeler building until that is almost completed. I believe they put in the bid documents they could not touch the Sheeler building until April 15 of next year. Discussion followed concerning construction timelines. The new buildings belong to the State of Iowa, Department of Administrative Services. They are the owners.

Stan briefed members on the Malloy Dietary kitchen project. Some 8-9 years ago, we put in a concrete underlayment in the new kitchen that did not stand up and needs to be replaced. We will move part of the dietary operation into the Malloy LRC. The project should be completed by the end of May or early June.

Stan also briefed attendees on replacing the boiler in our Power House and explained why.

The Governor's recommendation for the Iowa Veterans Home budget was \$10,280,700. On top of that, we had to ask for another \$750,000 for generator updates. The EPA has required all emergency generation regulators to have monitors, scrubbers to clean the environment a little bit better. The Senate has approved the \$750,000 for our generators, but now it moves on to the House. Within the Governor's recommendation is \$1.2 million to open the Fox building for 12 months. That has been taken out of the House recommendation and it is still in the House. We don't know what the final budget is going to be.

Discussion followed that to open Fox, \$1.2 million was included in the budget for FY12. Another \$1.3 million will be requested in FY13 to open Ulery. Stan explained that before Sheeler can be remodeled, Sheeler residents need to be moved out. Because Ulery has the capability of being locked down where Fox does not, the Sheeler residents will be moved into Ulery. Therefore, the Ulery building will be filled before the Fox building.

Commissioner Mulcahy indicated he saw in the Des Moines Register yesterday the Governor was going to veto that emissions bill on generators so we probably won't need \$750,000 after all.

Doug Freeman passed out and presented a Notice of Intended Action. We are updating Chapter 10 of the Iowa Administrative Rules to include the language for admitting Gold Star parents. The admissions process is the same, we just need to include language, as well as develop an application for those folks. Doug reviewed those additions plus a few other minor changes.

Commissioner Mulcahy made a motion to approve changes to Chapter 10 of the Administrative Rules. Second by Commissioner Waychus. Roll call vote taken: Commissioner Delamore: yes; Commissioner Dirks Haugsted: yes; Commissioner Jacobus: yes; Commissioner McAllister: yes; Commissioner Mulcahy: yes; Commissioner Wallace: yes; Commissioner Waychus: yes; Commissioner Williams: yes; Chairperson McMartin: yes. Motion carried.

Chairperson McMartin asked that agenda item #10 be next.

Family Alliance for
Veterans of America:

Rhonda Jordal, Chair, thanked the Commission for having her. She is the chairman of FAVA, Family Alliance for Veterans of America. It is a new national organization that was just set up in the District of Columbia. The Articles of Incorporation were filed in 2010 and we became a non-operational affiliate with West Care in January 2011. West Care is a foundation that has been in business for 38 years; 33 years with the same CEO who is a Vietnam Veteran. Veteran issues are really close to their heart. Because of the things they are seeing happening with our returning veterans, a number of families have become advocates, that are in organizations, entities, and have been networking amongst one another for the last two years,. They wanted to create something where the families would have a voice in the whole process because who knows that veteran better than the family. We have the highest divorce rate among veterans that we have ever had and we are also seeing complete breakdown of the family unit. We are seeing breakdown not just of the divorced veteran, but also of the family unit that is supporting that veteran,. We are seeing secondary PTSD and behavioral issues in children. For the last two and a half years, Rhonda has spent time getting educated in post traumatic stress disorder and traumatic brain injury, talking to all different physicians all over the United States, therapists, specialists, advocates, everyone, trying to learn everything that she could.

Rhonda has seven family members in the military, including two sons. One of her sons had a lot of difficulties coming back from the war. His downward spiral caused her to get involved. She was already involved in a military support

group. She co-founded the Midwest Moms Support Group in March 2003. We understood some of the picture but not enough. We didn't know signs and symptoms or what to watch for. We didn't understand or know what was happening. Of course he's changed, he's been at war. How can we NOT expect him to be changed. We gave him time and space and left him alone. That was the worst thing we could have done. We know that now. Because of what we know, we have gotten very involved in becoming veteran advocates. Rhonda served on the CDMRP, the Congressional Directive Medical Resource Program for psychological help, Post Traumatic Stress Disorder and Traumatic Brain Injury and she also sits on the JDTR, the Jail Diversion Trauma Recovery veteran representative panel. We are seeing the biggest number in homelessness of veterans and a high percentage is veterans from this war. We are seeing suicide rates at the highest they have ever been. Katie Curic just reported in January that we have 468 active duty servicemen commit suicide, 466 killed in combat. Two more committed suicides than in combat. Those are active duty and does not take into consideration the veterans that are discharged or attempted suicides, which we are just getting massive reports from family members. Statistics show that if there has been a suicide attempt, it is very likely there will be another one in the future. There are lots of statistics we have been documenting. We are also seeing a high number of judicial. Because of Post Traumatic Stress Disorder and Traumatic Brain Injury, the signature wounds of this war, we know that 80 percent of Traumatic Brain Injury will also have Post Traumatic Stress Disorder. We know upwards of 50 percent of these will also have epileptic seizures later in life. We don't have percentages on how many will have Lou Gehrig's Disease, Alzheimer's and dementia. We are looking at long-term care. We also have to find this information before it gets in a downward spiral. And because of that, we know that the family members are key to all of this. And that's why we founded FAVA. Rhonda passed out information on FAVA.

Commissioner Mulcahy asked about the jail review Rhonda was involved with. Rhonda explained JDTR, Jail Diversion Trauma Recovery, is in 13 states right now and it is under SAMHSA (Substance Abuse & Mental Health Services Administration). FAVA has started to play a role in this because there's a component in this that has to have family participation, so we joined hands with the different states and extend the board also so that we can help when we have a family that calls in and says we're in Connecticut and need help, their veteran was just arrested. We can give them phone numbers of places in Connecticut who can help them. We can also call those places to let them know someone is in need.

Commissioner Mulcahy asked how the process works.

Rhonda explained the first thing is to find out where the veteran is at. Just because the parents are in Iowa doesn't mean the son is in Iowa. We have a database, and that is what FAVA is all about. We are working on the database right now. The database will be manned by families who have been there and really understand. When that family member calls in,

they are talking to someone that really understands what they are going through. When they call in, most people are already in need, already in crises. The internet is wonderful but it is also overwhelming and they don't know where to turn. We take their information, find out where they are at, where the veteran is at. We look up the information by state, then we also look up the national resources. Then we give them all of that information of where it is. The call center is in the works right now. We are also looking at having a national call center. The website is under construction by WestCare's IT people. What we'll do is we'll visit with that person, we'll take their information. We'll make sure that we understand their need and then we will look up the information in that state as well as on a national level and then give them that information. Then education is key. Our whole mission statement is to provide information, education, advocacy and support for families of veterans and for veterans. Because we do know it is key that those families have to be educated. They have to understand what is happening in order to help their veteran. And the goal is to help that veteran.

The other part of this education is educating communities. We know we have one of the highest percentages of veterans in the world. When these veterans get out of the service, they go back into their communities, and it's small communities and there isn't the understanding of what is going on with these veterans. So we not only have to educate families, but we have to educate communities and organizations. One of the things we do is speak to ministerial boards, because who knows the veterans in their communities better than the whole ministry. Not only that, but who trusts the ministers better than their community. So it's been a win-win to speak to ministerial boards and do power point presentations explaining what we're seeing, signs and symptoms and how to help these families. In the State of Iowa we have 99 counties and veterans affairs directors. The first thing I do is connect them to their veteran affairs director. We don't have that in all states. We are working on trying to find out what is in place in every single state. Our board members are from across the United States. Rhonda is the chairman of FAVA. The vice-chair is the commissioner of the District of Columbia, judge and attorney. Our secretary/treasurer is in California. Board members are in Minnesota, Florida, Georgia, Arkansas, California and Nevada. Our board members are spread out and they all have specialties in what is affecting our veterans. We have a federal prosecutor, a domestic abuse counselor, our Georgia representative has a BA in criminal justice and a Masters in professional counseling. Then we also have an outside board that is all advisory and all direct care. We have that support to bring together and WestCare has specialized in mental health, drug abuse, homelessness, suicide prevention and domestic abuse. The support system that FAVA has in WestCare is just phenomenal. We have the need, we know the need and we are able to pass that on to WestCare and see what we can put in place, what isn't there now in a state, what can we put in place to help. The call center is just huge. We are working on getting the call center up and running so there is one phone call. We have networked with a number of the veteran organizations. We don't want to do anything that anyone else is doing. We just want one phone call where we can send them, whether it's Vietnam Veterans of America,

Veterans of Modern Warfare, Victory, whatever it is that we can send them to where they need to be to get the help that they need. That is what FAVA is about.

In regards to a question on how they are funded, Rhonda responded that right now, they depend on private donations, grant writing and fund raising. WestCare has eight grant writers so we are working on some grant writing. Rhonda was in Washington D.C. two weeks ago speaking to a number of entities and looking at maybe even some government funding.

FAVA is for families of veterans who can call one phone number for help in any state. FAVA is working on developing a database to give referrals so the veterans and their families can get the help they need in whatever state they are in. We are also going to connect them to other families that are in their area and we are going to connect them to other families that are going through the same thing. There's nothing like that family-to-family support.

Jennifer Furler from SPPC suggested Rhonda the stability services. They have developed a call center peer model that also uses the 211 _____ for call centers.

Chairperson McMartin thanked Rhonda for her presentation.

Iowa Department of
Veterans Affairs
Update:

Handouts were passed out. Jodi Tymeson asked for feedback on the amount of information she gives today. She wanted them to have as much information as possible on many different issues.

There are two handouts. One is on our letterhead, that says IDVA Update, operation of Veterans Affairs, and the other one is our Administrative Rules adopted and filed emergency.

Jodi is very honored to be appointed by the Governor. The network serving veterans is huge, but finding where to go and who can best serve the needs of that veteran is really an interesting learning experience. Jodi has been asking lots of questions and meeting lots of people and trying to connect the dots on who does what for what population of veterans. She has started sending the Commissioners lots of e-mails. Decide what you need and what you don't need. She is also sending the county directors lots of information. We get updates every day from the VA, very good information. Sometimes it's about something clear across the country, but again, it may be something that you need to know.

We have updated our website. We get all of our IT support from the Department of Public Defense. They do a great job for us. They also provide our accounting support, purchasing and all of our HR services.

Jodi would like to put a short bio and photo of the Commissioners on the website. After some discussion, Jodi will put together a questionnaire for the Commissioners to fill out for the website. Pictures will be taken after the meeting.

From our website, you will find a link to our new Facebook page. It is a quick way for us to post events that are upcoming.

I don't know how many of you are on Facebook or know about Facebook, but our younger veterans are going to be communicating that way. We have to keep up with the times. We have to be able to have our county offices open for our veterans that want to walk in and talk to a person. So we have to be able to find our veterans through that whole continuum of services. As we go forward, we are going to make sure that we are keeping up with that.

In response to a question, Jodi replied that Facebook is being done from their office. Jodi did visit with Department of Public Defense first. There are a lot of security issues, but a lot of the state agencies have Facebook for the younger Iowans that want to communicate that way. Some counties have blocked Facebook and some of the county directors have told me they can't view our Facebook and they can't have a Facebook page of their own because of a policy their county supervisors have put in place. It is an education process. I understand why they might put policies in place. They don't want their employees looking at Facebook during the day. The intent is for us to reach out to our veterans with the information, not to spend all day searching Facebook.

The postcards are the ones that you as a Commission have approved and paid for. They have gone out through the DOT system to help us get them out to the counties. We will bring and distribute the rest of them to the School next week. We will bundle them up in groups of 100 so they can be distributed easily. Discussion followed on the number to distribute to each county and who/how to get more printed. Discussion then followed on the postcards sent to the DOT. The Chairperson suggested the DOT call their county director when they need more postcards.

Commissioner Mulcahy made a motion to purchase 50,000 more postcards. Seconded by _____. Roll call vote taken: Commissioner Delamore: yes; Commissioner Dirks Haugsted: yes; Commissioner Jacobus: yes; Commissioner McAllister: yes; Commissioner Mulcahy: yes; Commissioner Wallace: yes; Commissioner Waychus: yes; Commissioner Williams: yes; Chairperson McMartin: yes; Motion carried.

Regarding the Quick Books, Commissioner Waychus is the chair of this and we did some proofreading and sent that back. I believe we took out the Vietnam Veteran bonus and made a couple of other changes. We have partners that would like to help distribute materials for us. Iowa Workforce Development, the vet reps that work for IWD and those folks are key in working with veterans, as well as the Department of Education. Tom Beasley is the GI bill expert in Iowa. Those folks are saying they would be more than happy, in fact they are asking for materials to hand out to veterans that they are working with. The Quick Book is probably going to be one of the best since it has state and federal in it. You had initially ordered 5,000. Commissioner Waychus stated that the contract is for \$25,000 for 5,000 books. But Jodi should have the contract. Jodi has not seen it. Jodi asked how many go out to the counties and are there going to be any extra for our other partners that want to help distribute information?

Commissioner Waychus explained we were going to give some to all of the counties and then the rest of the books was to go to IDVA for all of the fairs and the OIF and processing and things like that. But I would think at this point you would want an amendment to that contract and ask for more. Discussion followed.

Commissioner Williams made a motion to increase the Quick Book order by another 5,000 books. Second by Commissioner Dirks Haugsted. Roll call vote taken: Commissioner Delamore: yes; Commissioner Dirks Hagsted: yes; Commissioner Jacobus: yes; Commissioner McAllister: yes; Commissioner Mulcahy: yes; Commissioner Wallace: yes; Commissioner Waychus: yes; Commissioner Williams: yes; Chairperson McMartin: yes. Motion carried. This would be out of the license plate fund.

Jill from IDVA has been assigned to work with Commissioner Waychus on the PSA. Lengthy discussion on the contract that was being worked on, state bidding process to finalize a contract and the script that was being looked at.

The Camp Dodge Office has been cleaning and rearranging the office. The pod behind the building no longer blocks our handicap parking. We have had lots of visitors and meetings there. Folks coming in and just wanting to partner with us so that is good. We continue with our School planning for next week. Jodi thanked the Association Education Committee as well as the Commissioners that helped us plan the School. We have a little over 19 CEUs planned for those three days. And all of the instructors and the hotel are ready.

This Spring School is going to be for the county directors on what they need to know to do their job and the specifics of the paperwork, etc. Then the Fall School will be for the county commissioners on how to supervisor the county director as

well as what their responsibilities are as a county commissioner, what their appointment entails. We will update them on all of the programs and things they need to know about that are happening in the state.

For the Military Home Ownership program, which is actually administered through the Iowa Finance Authority, we do verify eligibility. We are getting lots of applications. A lot of veterans are buying homes in Iowa and using this program. The money has to be about ready to run out, but it's a good sign that veterans are buying houses and they know about the program and they are using the program. The last report we submitted, there was approximately over \$300,000 that had not been obligated yet. It is \$5,000 for a veteran that is eligible. It is a grant towards the purchase of their home.

Jodi presented Administrative Rules for the Injured Veterans Grant program. There was legislation passed last year in the last Legislative Session, but the Rules were not implemented. One of the requirements of the Injured Veterans Grant program is that you must be evacuated out of the combat theater. Legislation passed last year said if you were not evacuated but you still had to go at a later date for 30 consecutive days of medical treatment, then you could be eligible for the grant and you would need to apply. The process of application is the same, the only difference is you were not actually medevaced out of the country. We have had some soldiers who actually received an injury in the combat zone but for whatever reason they weren't evacuated out, so they are not able to prove that. But then at a later date they were put back on orders or were put back into medical treatment of some kind for the injury they received in the combat zone. The purpose of this program was to help get family members to visit their injured veteran when they are in the medical treatment facility. Those rules were not filed. Jodi filed those on an emergency basis because there are four applications pending and need to be addressed. Included in those rules is language from SF 402 which says an injured veteran who has already received the maximum grant may be awarded a second or subsequent grant. There is a soldier who received the maximum grant, was deployed again, and then lost a leg.

Jodi asked for a three-person subcommittee to review apps from those who were not evacuated but required treatment at a later date. These are difficult cases and one person should not be making all of the decisions. It's much better to have a committee just like on the Trust Fund. That works very well to look at the information and make a decision. I of course want to always error on the side of the veteran, but we have a certain amount of legal responsibility for audit purposes and paperwork that we must have in the file. We have four of these applications pending right now.

Chairperson McMartin appointed Commissioners Wallace, Jacobus and Mulcahy to this subcommittee. Discussion followed on the need for an appeal process. If the three-member panel denies the app, then it needs to go to the full Commission.

The last two paragraphs of the Administrative Rules simply says if they meet all of the other requirements and incur a subsequent, unrelated injury, then they are eligible for award of the grant a second time. And all of the same requirements are there, all the evacuation 30, 60, 90 days, all of that is the same. Missy has been assigned to process these applications.

Commissioner Mulcahy made a motion to approve the rules. Second by Commissioner McAllister. Roll call vote taken: Commissioner Delamore: yes; Commissioner Dirks Haugsted: yes; Commissioner Jacobus: yes; Commissioner McAllister: yes; Commissioner Mulcahy: yes; Commissioner Wallace: yes; Commissioner Waychus: yes; Chairperson McMartin: yes. Motion carried.

At the Iowa Veterans Cemetery, we are working on the irrigation and iron issues. There is a lot of iron in the water, which is staining the sidewalks and the headstones. Jodi is working with the State Cemetery Grant Office in D.C. We still have some grant money available. They would like to close that grant. We had to move the irrigation system, which was across the road, off of the property, and they moved that onto the property. Now it needs to be reprogrammed. So we have done the paperwork through the purchasing office. The estimate was \$855. It was approved so we made contact with the person to come out and reprogram the irrigation. We are getting estimates on a peristaltic pump that will inject a chemical into the water at the irrigation site that will help keep the iron from adhering to other surfaces. It will probably be a couple thousand dollars to get that going. \$155,000 is left in the grant. A filtration system that actually filters the water is going to be more like a couple hundred thousand dollars. Jodi wanted to try adding a chemical into the water to see if that works before spending money on a filter system that may not be needed.

The shale issue on the entrance bank—the soil is sliding off. The Dallas County engineer came out with another engineer who would draw up a plan on how to fix this for a couple thousand dollars. The guys were dumping more dirt in there trying to fill it and he said that's the wrong thing to do to fix a shale bedrock because it makes it heavier and it slides faster. To fix it, they have to do a costly rebuild system. We are working on it, trying to find experts that can help us and figure out if there is a way we can get it fixed.

A policy needs to be written for donations. We are receiving memorial donations for the cemetery. Funds are now being deposited in a separate account. Jodi would like to establish a committee made up of spouses who visit regularly, veterans, cemetery volunteers, mayor of Van Meter, and maybe a commissioner. Jodi would like a wide range of committee members that could brain storm on ways to spend the donations to keep the cemetery looking like it needs to

look. Someone asked if anyone has drawn up a wish list of things they would like to see or think should be taking place at that cemetery? Jodi is not aware of anything. They have been receiving donated flags, trees and benches.

Commissioner Mulcahy asked about sets of flags several groups have purchased and donated to the cemetery to be flown every day. Keith told him they were all gone and he would like to know what happened to them. Jodi will follow up. Commissioner Mulcahy indicated there are plenty of veteran service organizations that will purchase flags for the cemetery so the cemetery will not have to purchase flags out of the state budget.

Jodi explained a process put into place where people donating trees or benches make their check out to the vendor so that the issue is between the donor and the vendor and not us. They are provided with the vendor and which bench or tree to purchase.

By the cemetery entrance, the DOT has been planted in native prairie grasses. A sign will be placed so people/visitors will understand and not think it is just a bunch of weeds.

Lengthy discussion surrounding the cemetery monuments, developing a policy for guidelines, letting the commission approve/disapprove, etc.

There are now a total of 800 interments since the cemetery opened in July 2008. We are in the initial stages of planning an open house at the cemetery in July to commemorate the three year anniversary.

Jodi thanked Commissioner Jacobus for continuing the events list. Receive a lot of positive comments. Jill is almost finished putting together the program for May 7, Vietnam Veterans Day, on the State Capitol grounds.

The Department of Defense has announced there is going to be a 50th anniversary of the Vietnam War commemoration. Discussion followed. The website is www.vietnamwar50th.com.

Jodi announced that for Memorial Day, Fort Des Moines Museum is having an event on the Thursday before and she will be speaking there. Then there will be a program on Memorial Day at the Iowa Veterans Cemetery at 8 a.m. Our speaker will be General Derek Hill from the Air Force, Junior ROTC from North High School, a retired army chaplain and a retired army sergeant major singing. Jodi will then be the MC at the Iowa Event Center on Memorial Day.

Jodi gave an update on Senate File 402, House File 363, House File 364 and Senate File 399.

August 7 is designated as Purple Heart Day.

Jodi offered to host a meeting to help put together legislative requests for next year with Veterans Council, Commission and the county association represented. Discussion followed on the placement of the POW/MIA flag.

Commissioner Mulcahy gave an update on Senate File 397, House File 195 and House File 652.

Jodi suggested Commissioners sign up for direct deposit for payments. Mari can help you sign up.

On the back of the IDVA Update is a Line Item Budget Update as of April 4, 2011. Jodi reviewed each budget item.

Lengthy discussion revolving around POAs and cross accreditation with the State of Iowa.

Commissioner Mulcahy explained how the interest is figured on the Veterans Trust Fund principle account, explaining why there is such a variation from one month to the next.

Jodi stated she appreciates everybody being patient with her as she learns everything. She looks forward to working with everybody.

Meeting Break: A meeting break was taken from 1:26 to 1:47 p.m.

Old Business: None.

New Business: Commissioner Mulcahy described how he became involved with inmates in the correctional facilities in Iowa. Because when a veteran is incarcerated, the DOC reviews all medications and takes many of them away. For veterans taking medications for PTSD and other issues, it causes more problems. He visited with the VA to give medications to the DOC that veterans need. A process has been developed that when a veteran is scheduled to go to the processing center in Coralville, and wants a C & P exam, Coralville will transport the veteran to the VAMC for the C & P exam and then take them back to the prison where they are going, whether it be Ft. Dodge, Newton, etc. Commissioner Mulcahy credited Brian Brooks from the VA for helping with this.

Chairperson McMartin explained the Department of Veterans Affairs has hired employees to work out of the VA hospitals, called the Veterans Justice Outreach Program. They'll go in and actually do our visits with our veterans. We file for the apportionments to the families, inform them what their benefits are going to be reduced by, etc.

Public Comments: I'm Jennifer Furler from State Public Policy Group (SPPG) and we have a contract now with the Commission. We are working on a series of recommendations from the Mental Health Task Force that finished in 2008. We are continuing to work on a supplement relating to an existing mental health first aid training program that DHS is sponsoring and we are coordinating with the Guard.

We have talked about the postcards the DOT is distributing. We are also working with the DOT about integrating into their IT system corrections about military service, voluntary collection about military service to share with IDVA and counties for on-going outreach.

She will be meeting next week with law enforcement academies related to crisis intervention.

There were recommendations related to expanding access to mental health services and potentially doing fee-basis or partnership services. SPPG has convened a work group of non-VA partners and non-veteran stakeholder partners. Commissioner Jacobus was also included, along with representatives from the Department of Human Services, the Department of Public Health, the Primary Care Association, University of Iowa College of Public Health, a community mental health center and a private population psychiatrist, who have been working a lot at the national level at the direction of DOT and the National Institute of Health on some veterans issues. A concept paper has now been developed that explains what that group is thinking about. She will send that to Commissioners. One of the individuals is trying to identify some funding sources for both the research initiative and the pilot project where we would engage non-VA providers through partnerships to provide services. We are taking some nice steps and getting some good partners interested and certainly they have a lot of interest and want to take ownership over it as well.

Elizabeth Ledvina commented that according to the Office of the Attorney General, only certain people can ask for Attorney General's opinion, which would be the Commission. She explained several issues she would like the Commission to request an Attorney General's opinion on. She will make a list and give to Chairperson McMartin.

Chairperson McMartin thanked the three commissioners leaving who have devoted a lot of their time and volunteer services to this Commission. Without their input and reports, we probably wouldn't have gotten as far and as well as we have done these past seven years. We appreciate everything. We want to give them a certificate in appreciation of your dedicated service on the Iowa Commission of Veterans Affairs: Commissioner Mulcahy for representing the Vietnam Veterans of America, serving from May 1, 2004, to April 30, 2011; Commissioner Waychus as a member at large, serving from October 27, 2004, to April 30, 2011; Commissioner Delamore representing the Military Order of the Purple Heart, serving from May 1, 2007, to April 30, 2011. Thank you very much. Chairperson McMartin continued that we appreciate everything you have done for the Commission and your support. Continue to put your input in. It is always valued, regardless if you are on the Commission or not.

Discussion on the next meeting followed.

- 000449: After discussion, Commissioner Waychus made a motion to defer until VA denial letter is received. Second by Commissioner Mulcahy. Vote taken; motion approved unanimously. Application approved to defer for VA denial letter.
- 000465: After discussion, Chairperson McMartin made a motion to pay. Second by Commissioner Dirks Haugsted. Vote taken; motion approved unanimously. Application approved.
- 000466: After discussion, Commissioner Mulcahy made a motion to pay for everything with the exception of the spark plugs, the oil change and oil filters. Second by Commissioner McAllister. Vote taken; motion approved unanimously. Application partially approved.
- 000467: After discussion, Chairperson McMartin made a motion to pay. Second by Commissioner Dirks Haugsted. Vote taken; motion approved unanimously. Application approved.
- 000468: After discussion, Chairperson McMartin made a motion to pay. Second by Commissioner Wallace. Vote taken; motion approved unanimously. Application approved.
- 000469: After discussion, Commissioner Dirks Haugsted made a motion to defer until proof of insurance is received. Second by Commissioner McAllister. Vote taken; motion approved unanimously. Application approved to defer for proof of insurance.

- 000470: After discussion, Chairperson McMartin made a motion to pay tires and the rims. Second by Commissioner Waychus. Vote taken; motion approved unanimously. Application approved for tires and rims only.
- 000471: After discussion, Commissioner Waychus made a motion to pay contingent applicant pays the extra \$100. Second by Commissioner Williams. Vote taken; motion approved unanimously. Application approved.
- 000472: After discussion, Commissioner Waychus made a motion to defer for more estimates and justification of need. Second by Commissioner Williams. Vote taken; motion approved unanimously. Application deferred for more estimates and justification of need.
- 000474: After discussion, Commissioner Waychus made a motion to approve. Second by Commissioner Williams. Vote taken; motion denied with 3 yes, 4 no's. Application denied.
- 000475: After discussion, Commissioner Dirks Haugsted made a motion to pay. Second by Commissioner McAllister. Vote taken; motion approved unanimously. Application approved.
- Next Meeting: The next Iowa Commission of Veterans Affairs meeting will be held Wednesday, July 13, 2011, 10:00 a.m., Camp Dodge, Johnston, Iowa.
- ADJOURNMENT: With no other business to come before the group, the meeting adjourned at 3:02 p.m.

nlm
comm mtg